

LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.
Registrations expire on January 31 unless a renewal is
submitted between December 1 and January 31.

1998

Instructions

- Print in ink or type.
- Complete form, have it notarized and return with \$10 registration fee to the Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge, LA 70809-7017, (504) 922-1400.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Renewals must be submitted between December 1 and January 31.

Lobbyist's Registration Number

FOR OFFICE USE ONLY:

Postmark Date: 12/15/97

Recs

1981626

✓ #1653

\$10.00

Wm

1. NAME RJSINGER, WILLIAM C.

Last

First

MI

2. BUSINESS PHONE # 318-442-5602

Area Code and Phone Number

3. BUSINESS ADDRESS P. O. BOX 13402 Alex., La. 3908 Parliament Dr. Alex., La. 71303

Street and No.

City

State

Zip

4. EMPLOYER ADVISE & CONSENT, INC.

5. EMPLOYER'S ADDRESS 3908 Parliament Drive Alexandria, La. 71303

Street and No.

City

State

Zip

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1. Name Louisiana State Association of Optometrists

Address 115 B. North 13th Oakdale, La. 71463

Business or purpose Promote visual health of Louisiana residents and maintain integrity of the Optometric Profession.

Does this person pay you? y

If No, who pays you? _____

2. Name _____

Address _____

Business or purpose _____

Does this person pay you? _____

If No, who pays you? _____

LOBBYING REGISTRATION FORM

Lobbyist's Registration Number

3. Name _____
Address _____
Business or purpose _____
Does this person pay you? _____
If No, who pays you? _____
4. Name _____
Address _____
Business or purpose _____
Does this person pay you? _____
If No, who pays you? _____
5. Name _____
Address _____
Business or purpose _____
Does this person pay you? _____
If No, who pays you? _____

State of Louisiana

Parish of Rapides

Before me, the undersigned authority, personally came and appeared William C. Risinger, who, after being duly sworn by me, did declare and acknowledge to me that the above statements are true and correct.

William C. Risinger
Signature of Lobbyist

Sworn to and subscribed before me on this 3rd day of
December, 19 97.

James P. Reed
Notary Public

Rev. 8/97

ATTACH
2" x 2"
PHOTOGRAPH
HERE
FOR
INITIAL
REGISTRATION
ONLY

